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ABSTRACT

How we go about labeling and conceptualizing the social problem of burnout reveals much about the underlying values and assumptions of our culture. An examination of the history of social science and related, applied fields during the last 150 years, reveals two different paradigms, i.e., ways of viewing the world based on untested assumptions and biases, which have been used to guide research and practice: the moral-religious and the scientific-technical. When burnout is viewed from the perspective of the first it is more likely to be regarded as the loss of moral commitment rather than a maladaptive reaction to stress. This distinction is meaningful for research and action because a social commitment conception leads us to anlayze ways in which social systems generate and maintain commitment; the dominance of the scientific technical paradigm leads us to think how social systems create stress. The problem underlying reliance on the scientific-technical paradigm stems from the fact that this mode of thinking actually contributes to burnout by weakening the ability to form strong commitment to any external frame of reference and strengthening the culture of professionalism which in turn weakens the bonds between caregivers and the settings in which they work. Burnout is the result of this diluted sense of community. These emphases inherent in the scientific-technical paradigm have undermined the social supports and commitment mechanisms that could protect caregivers in the human services from stress and burnout. (PAS)

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Burnout: Two Ways of Defining It and Their Implications

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Burnout: Two Ways of Defining It and Their Implications

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The term "burnout" refers to a phenomenon in the human services that is not new. Over 30 years ago, Schwartz and Will (1961) described essentially the same process as they observed it in a nurse on a psychiatric ward. But they did not call it burnout; instead, they used the term, "low morale syndrome." Also, in discussing the dynamics, they did not refer to "stress." They used terms such as anxiety, guilt, and withdrawal.

In this paper, I shall propose that how we label and conceptualize the social problem of burnout reveals much about the underlying values and assumptions of our culture. Our labels and conceptualizations also dictate how we study and attempt to solve the problem. The metaphors that we have chosen to illuminate the burnout phenomenon are mechanistic. Both burnout and stress are terms lifted directly from engineering. Why have we chosen to conceptualize a disturbing personal experience in terms used by engineers when they work with bridges and rocket engines? Why have we abandoned other terms and conceptual frameworks that might be equally appropriate, terms such as "loss of commitment" or "alienation" or "weakening of moral purpose?" More important, how does the engineering metaphor, and the scientific-technical paradigm from which it comes, influence the way in which we approach the problem of burnout?

By now most of us are familiar with Kun's (1962) idea of a paradigm in science. In studying the history of science, Kuhn found that normal science typically is conducted within the rather rigid limits imposed by a paradigm - i.e., a particular way of viewing the world based on untested assumptions and biases. The prevailing paradigm begins to weaken when its theories and methods no longer can account for observed phenomena. However, there must be numerous discrepancies and challenges before the prevailing paradigm is abandoned. Also, there must be a new paradigm to replace it, one that is equally non-rational at its foundation but which better accounts for the world as it then is known. The scientific institution is inherently conservative.

If one looks at the history of social science and related, applied fields (social welfare, mental health, education) during the last 150 years, one can identify two different paradigms that have been used to guide research and practice: the moral-religious and the scientific-technical. The moral-religious paradigm was dominant during the nineteenth century. In mental health and mental retardation, it took the form of the "moral treatment" movement. In sociology, there were the Christian sociologists and the moralistic, social reformist impulses characteristic of the early social workers.

During the latter part of the nineteenth century, the moral-religious paradigm was challenged by the work of sociologists and psychologists who used the values and strategies of natural science in probing the mysteries of the human psyche and social life. Marx, Freud, and Durkheim were probably the most influential. Gradually, the scientific-technical paradigm became dominant, replacing the moral-religious in numerous areas. For instance

social work rejected the social reformist approach and adopted the professional and scientific approach associated with psychoanalysis (Levine & Levine, 1970). Psychiatry purged the moral treatment approach in mental health and replaced it with the mechanistic, organic models of medicine (Grob, 1966; Bockoven, 1963). In education, the romantic and progressive theories of Dewey, Pestalozzi, and others gradually gave way to the more scientific approach associated with learning theory. In their organization, schools increasingly were bureaucratized, with the factory used as an explicit model (Callahan, 1962).

Not surprisingly, the recently "discovered" problem of burnout quickly was defined in terms that reflect the now-dominant scientific-technical paradigm. Researchers in the field increasingly have conceptualized burnout as a stress reaction. Studies and interventions focus on: 1) stressors in the environment (e.g., role overload); 2) individual dispositions that make people more vulnerable to stress or more likely to create it for themselves (e.g., a strong need for control); and 3) coping mechanisms (e.g., jogging, social support groups). The stress formulation is appealing in at least two ways. First, it is mechanistic in the extreme. Second, it is a legitimate concept that has been studied by biologists as well as experimental psychologists (e.g., Selye, 1956; Lazarus, 1966).

If we were to conceptualize the problem of burnout in terms derived from the other major paradigm, the moral-religious, we would begin to see the phenomenon in a new light. Not only would this change in perspective suggest new ideas for research and intervention; it also would reveal that the scientific-technical paradigm itself may contribute to the seemingly high prevalence of burnout now found in the human services. What is ironic about the problem of burnout is that the scientific-technical

paradigm contributes to the problem at the same time that it affects how we define and explain it.

Viewed from the moral-religious perspective "burnout" might be regarded as the loss of moral purpose or commitment. For instance, those who followed the moral treatment approach in the treatment of the mentally ill believed that a crucial ingredient in the helping process was the caregiver's kindness, and his or her commitment to a moral-religious perspective that supported this kindness. If caregivers began to lose their commitment, especially if they did so in large numbers, the response would not have been to hire a special type of professional who would use a readily packaged "technology" such as relaxation training (the preferred intervention style of the scientific-technical approach). Instead, one might have examined the external frame of reference on which helping was based in order to find ways of making it more valid, meaningful, and compelling.

Thus, the moral-religious paradigm suggests that burnout is really a symptom of the loss of social commitment. Stress usually leads to burnout when institutional supports for commitment are weak. This conception is very different from the one that is found in most current formulations of the problem. It probably is most at odds with the view that burnout is a response to "overcommitment (Freudenberger & Richelson, 1980)." However, the apparent contradiction is not as great as it seems because we are talking about two different ways of defining commitment. When Freudenberger refers to a "committed person," he seems to be thinking of an individual who becomes over-extended, works too long and too hard, and does not pace himself. Freudenberger also seems to be referring to an individual whose commitment is primarily egoistic, a career-oriented achiever whose self-esteem is strongly affected by how well <u>he</u> performs and

how quickly he rises up the career ladder. However, I am referring to social commitment, by which I mean belief in a transcendent body of ideas and strong identification with a group, institution, or method that is based on those ideas. In other words, socially committed people believe in something greater than themselves; and when their work is based on this commitment, they are less likely to burnout.

Thus, intense absorption in work need not lead to burnout when the worker is truly committed to that work. As Marks (1979, p. 31) has noted, "Our energy tends to become fully available for anything to which we are highly committed, and we often feel more energetic after having done it. We tend to find little energy for anything to which we are not highly committed, and doing these things leaves us feeling 'spent,' drained, and exhausted."

In the nineteenth century, the eventual "remedy" for burnout might well have been a revival meeting. Today, we might do better to study why certain kinds of settings are capable of generating high levels of commitment. What social structures and practices seem to promote the kind of enduring commitment to a set of beliefs that reduces the likelihood of burnout?

In trying to answer this question, I have studied two rather unusual human service programs. One was a residential institution for mentally retarded people operated by a Catholic order of nuns. The core "staff" were the sisters who lived and worked in the institution. Although I did not measure burnout, discussions with some of the sisters, turnover rates, and the bright, clean, and attractive physical appearance of the facility all suggested that burnout was unusually low. This is not to say that there was no burnout in this facility, but it did seem low compared to other residential settings I have observed. (I arranged to interview a former member of this community who had left because of dissatisfaction

with it, but her concerns turned out to be philosophical; she had not experienced burnout as it usually is defined.)

What was most interesting about this setting was that there should have been high levels of burnout, according to prevailing ideas about the phenomenon. The sisters worked there seven days a week, 52 weeks a year. Their autonomy was almost non-existent: they were expected to obey any order given by their Superior. Many of the jobs were not particularly varied or interesting. In fact, intelligent and well-educated individuals sometimes were required to do the most menial or demanding chores, such as working in the kitchen or doing janitorial work.

The work loads did not seem to be heavy, and there was a relatively high degree of social support within the community; however, these two positive aspects did not by themselves seem to explain the low level of burnout found in the presence of such "adverse" working conditions. These women willingly, even joyfully submitted themselves to work that the prevailing wisdom would regard as highly conducive to burnout.

Intrigued by this apparent aberration, I looked for another setting in which there was a strong, guiding ideology and found one that was secular rather than religious. This was a school for mentally retarded and emotionally disturbed children who lived in one of the most notorious slums in Chicago (which also was where the school was located). The children had been excluded from the public schools as too difficult to teach. This school was committed to taking any child that the public schools decided to reject. It was situated in a former church plagued by bad plumbing, erratic heat, no air conditioning (the school operated all year), and junkies sprawled all over the street right outside the front door. Burnout did occur here, but turnover rates and interviews with staff suggested that

it was much lower than was the case for other schools in the city serving this type of population.

Staff at the school pointed out that the director was one factor contributing to the sustained caring and commitment found among the teachers. She had been in charge for 15 years and was described as warm, nurturant, and supportive. She believed that it was as important to care for the staff and their needs for growth as it was to do so for the children. However, about 5 years before I visited the school, this positive leadership no longer seemed to be enough to keep them going. They increasingly were working with higher functioning students who were much more serious behavior problems, and the strain on everyone was intense. As this point, they decided to become a Montessori school. Within two years, every teacher remaining on the staff received training and certification as a Montessori teacher; and new staff were expected to begin Montessori training shortly after they were hired, if they did not already have their certification. The school's problems did not magically disappear, but they became more tolerable and morale was restored.

One thing these two settings had in common was a core ideology to which almost every staff member was committed. In most respects, the programs were no less stressful than others serving these populations. Yet the staff did not seem to perceive their jobs to be as stressful, and they seemed to be able to cope better with the stress that they did experience. What really set them apart from other programs, besides the low burnout rate, was that there was a clear, explicit, formal ideology that people believed in and that organized their daily work.

One problem with using ideology as an explanation for the low burnout is that one can think of many settings in which there was a strong guiding

ideology but also high burnout. In fact, Freudenberg's (1975) original "discovery" of burnout seems to have occurred in such a setting. I now believe that the reason ideology sometimes is not enough is that it is in fact only one of many different kinds of "commitment mechanisms" that can be employed in a setting. Sociologists who have studied how social systems generate commitment (e.g., Kanter, 1972; Clark, 1970) have identified many others. For instance, Kanter (1972) has identified over 20 other mechanisms in addition to ideology that help generate commitment. These include practices such as confession or mutual criticism, social homogeneity among members, and guidance (i.e., a specific program of behavioral norms tied to the group's ideology). Thus, a working hypothesis suggested by this work on commitment is that the more of these commitment mechanisms used by a setting, the greater will be its resistance to burnout. And in fact the two programs described above did use many of these practices in a way that encouraged social commitment.

To summarize, we have seen that there have been two paradigms in the social sciences and helping fields during the last 150 years: the moral-religious and the scientific-technical. When burnout is viewed from the perspective of the first, it is more likely to be regarded as the loss of moral commitment rather than a maladaptive reaction to stress. This distinction is meaningful for research and action because a social commitment conception leads us to analyze ways in which social systems generate and sustain commitment. The other perspective leads us to think about how social systems create stress. Obviously both perspectives are valid and useful. Both can be used to guide future thought and action.

However, there is one problem with relying on the scientific-technical paradigm: this mode of thinking actually contributes to burnout in the

human services. It does so in at least two ways. First, it weakens our ability to form strong commitment to any external frame of reference. Second, it develops a culture of professionalism that weakens the bonds between caregivers and the settings in which they work. Or, to put it another way, the culture of professionalism dilutes the sense of community, and burnout is one manifestation of this.

When the scientific-technical paradigm replaced the moral-religious one in the human services, it did not simply substitute one dogma for another; it weakened the legitimacy and power of any dogma to generate social commitment.

As Lasch (1979) and Krantz (1981) have pointed out, behavioral scientists have not simply replaced the religious and familial authorities of the past with a new system of authority. The new "religion" in the "Age of Psychology" (Sarason, 1977) is essentially anti-religious and anti-authority. As Krantz (1981) put it: "The moral guides of the past, the religious leaders and family heads who provided recipes for living with a truth bred from an embeddedness in authority, are now suspect. In their place, a clergy of apparent and actual social scientists has arisen in a truly modern fashion; in their claimed authority of science and professionalism, they preach that all authority is suspect and ultimately to be dismissed for the sake of unfettered expression."

One consequence of this weakening of moral authority in the human services is that there is increasing pressure not to embrace any method or theory not strongly supported by empirical research. Unfortunately, no educational, social welfare, or mental health approach has been able to pass such a stringent test. For instance, psychoanalysts can argue that clinical work since Freud has demonstrated the validity of their method,

but hard-headed skeptics can easily point out the weaknesses of the clinical encounter as a method for generating valid knowledge. Psychoanalysts can respond to these challenges with their own, but the end result is a weakening of the veracity that this approach can have for most practitioners. And even if there were empirical research that one can point to which supports one's methods, this would be a rather weak basis for commitment compared to the higher, more absolute and mythical system associated with a moral-religious perspective.

Because skepticism has become so strong and no approach is able to claim the absolute moral authority of the past, the number of different methods has proliferated. A new practitioner in mental health, for instance, can choose from over 135 different system of psychotherapy and counseling, each claiming to do the job better. In such a chaotic market place of ideas, it is difficult for any approach to generate the kind of strong social commitment that buffers the individual from the stress and burnout found in the helping fields.

The culture of professionalism further weakens social commitment in the human services. Professionalization is one of the consequences of the dominant scientific-technical paradigm. In fact, it epitomizes the paradigm to a great extent. As Bledstein (1976) has demonstrated, professionalism in the human services is a value system, and many of the values associated with the culture of professionalism actually would seem to encourage burnout. Rationalism and skepticism are two that we already have considered. Another is a strong emphasis on individualism and the insistence that the practitioner be granted a high degree of autonomy. This has the effect of isolating the professional from others; social support among members of a setting is

weakened and thus everyone is more likely to experience stress and burnout (Pines & Aronson, 1981; Cherniss, 1979).

Of course, many professionals feel some loyalty to their own group, but this also has a divisive effect. For instance, in a field such as mental health where there often are several professional groups working in a setting (the "team approach"), much stress is created by the conflict and competition that often occurs between the different groups as each attempts to guard its turf and expand its sphere of influence (Sarason, 1974).

Another element of the professional culture that generates stress for the practitioner is the notion that the professional is the "expert" who takes sole control and responsibility for solution of the client's problem. This creates a high degree of dependency in the client, increasing the burden placed on the service provider. Also, the community increasingly looks to professionals to solve what are essentially unsolvable problems (at least unsolvable through the rational-technical methods of the professions, for the problems are essentially political and cultural in nature).

Despite these drawbacks, professional status is attractive: it is a primary route to social mobility in our society. For this reason, many fields strive to become more professionalized, and many young people enter them because they desire status, autonomy, and interesting work. Unfortunately, in the large, impersonal, bureaucratic world in which the professional must work, one rarely finds such rewards (Cherniss, 1980a). For instance, the new public health nurse who has been taught that she is a professional and has the competence and "right" to develop health education programs as she see fit soon runs into a school principal who

tells her he cannot let her set up a sex education program as she has designed it. Not only does this limit her autonomy, but it also deflates whatever illusions she might have had about her professional status. And the result in many cases is intense frustration, disllusionment, and burnout (Cherniss, 1980b).

Nonprofessionals in the human services also burnout, and the culture of professionalism would seem to have less to do with this phenomenon. However, professionalization also plays a role here. First of all, the nonprofessional sometimes assumes the role of the professional, if not the status. So, for instance, in a mental health center, the nonprofessionals sometimes do individual counseling with clients when they do so, both client and service provider are influenced by the same role expectations that exist when professionals engage in that relationship. Also, the nonprofessional in a professional system is a second class citizen. Eventually, the nonprofessionals come to view themselves as less valuable people doing less valuable work, and then they act accordingly (Goldenber, 1971). The result can be identical to burnout.

The subtle way in which professionalism contributes to burnout was demonstrated by one of the nuns in the religious program that I described above. I asked her why their facility seemed to be so much cleaner and more attractive than many others that I had seen, and she pointed out that in her order, every member is regarded as equally important and every task that contributes to helping children and serving God is deemed to be equally worthy. Everyone is expected to do anything that needs to be done; professional title or educational background does not exempt one from doing maintenance, or cleaning, or working in the kitchen. As the sister put it succinctly at one point. "We don't belong to a union here. There's not a

rigid line of demarcation -- this is your job, this is my job. We do a variety of things every day, and we're all willing to pick up garbage or clean the floors when it needs to be done." Whatever benefits professionalization in the human services may have given us, it has encouraged invidious distinctions to be made among practitioners based on role, function, or professional credential. Interpersonal conflict and role strain are the inevitable results. The sense of community is weakened, vulnerability to stress is increased, and burnout becomes both a buzz word and a significant social problem in the human services.

Conclusion

In this paper, I have identified two paradigms that have guided thought and action in the social sciences. During the last century, the scientific-technical paradigm has become the dominant one. It truly is a paradigm in the sense that it influences how we think about any social problem. In the case of burnout, the paradigm has encouraged us to adopt a stress-coping conception of the problem. While this approach has been useful, there is another way of thinking about burnout, one that sees it as a symptom of the loss of social commitment.

In the social sciences, paradigms not only influence how we conceptualize problems; they also may be part of the problems. I have argued that this has been the case with burnout. The emphasis on rational skepticism and professionalism inherent in the scientific-technical paradigm has undermined the social supports and commitment mechanisms that could protect caregivers in the human services from stress and burnout. Unfortunately, we are more comfortable with technology than with moral belief, especially within the context of our work roles. Thus, no matter how much we work at

developing techniques for alleviating burnout, the cultural conditions that contribute to it will remain until their hold on us is lessened.

REFERENCES

Bledstein, B.J. The culture of professionalism. New York: W.W. Norton, 1976.

Bockoven, J.S. Moral treatment in American psychiatry. New York: Springer, 1963.

Callahan, R.E. Education and the cult of efficiency. Chicago: University of Chicago Press, 1962.

Cherniss, C. Institutional barriers to social support among human service staff. In K.A. Reid & R.A. Quinlan (Eds.), Burnout in the helping professions. Kalamazoo, MI: Western Michigan University, 1979.

Cherniss, C. Staff burnout: Jobstress in the human services. Beverly Hills, CA: Sage, 1980 (a).

Cherniss, C. Professional burnout in human service organizations. New York: Praeger, 1980 (b).

Clark, B.R. The distinctive college. Chicago: Aldine, 1970.

Freudenberger, H.J. The Staff burnout syndrome in alternative institutions. Psychotherapy: Theory, Research, & Practice, 1975, 12, 73-82.

Freudenberger, H.J. & Richelson, G. Burn-out. New York: Anchor Press-Doubleday, 1980.

Goldenberg, I.I. Build me a mountain: Youth, poverty, and the creation of new settings. Cambridge, Mass.: MIT Press, 1971.

Grob, G.N. The state mental hospital in mid-nineteenth century America: A social analysis. American Psychologist, 1966, 21, 510-523.

Kanter, R.M. Commitment and community: Communes and utopias in sociological perspective. Cambridge, MA: Harvard University Press, 1972.

Krantz, D.L. The psychologist as moralist. Unpublished manuscript, Lake Forest College, 1981.

Kuhn, T. Sturcture of scientific revolutions. Chicago: University of Chicago Press, 1962.

Lasch, C. The culture of narcissism: American life in an age of diminishing returns. New York: Norton, 1979.

Levine, M. & Levine, A. A social history of helping services. New York: Appleton - Century - Crofts, 1970.

Marks, S. Culture, human energy, and self-actualization: A sociological offering to humanistic psychology. Journal of Humanistic Psychology, 1979 (Summer), 19, (3), 27-42.

Pines, A. & Aronson, E. Burnout. New York: Free Press, 1981.

Sarason, S.B. The psychological sense of community: Prospects for a community psychology. San Francisco: Jossey-Bass, 1974.

Sarason, S.B. Work, aging, and social change: Professionals and the One-Life, One-Career Imperative. New York: Free Press, 1977.

Schwartz, M.S. & Will, G.T. Intervention and change on a mental hospital ward. In, W.G. Bennis, K.D. Benne, and R. Chinn (Eds.), The Planning of Change. New York: Holt, Rinehart, and Winston, 1969, 564-683.

Selye, H. The stress of life. New York: McGraw-Hill, 1956.